

 <b>EPA</b>		United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
<b>Application for Pesticide – Section I</b>				
1. Company/Product Number 45002-46		2. EPA Product Manager Nathan Mellor		3. Proposed Classification  <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product Name Albaugh, LLC / Albaugh IPZ-3		PM # 21		
5. Name and Address of Applicant (Include ZIP Code)  Albaugh, LLC 1525 NE 36 <sup>th</sup> Street Ankeny, IA 50021  <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to:  EPA Reg. No.: _____ Product Name: _____		
<b>Section - II</b>				
<input type="checkbox"/> Amendment – Explain Below <input type="checkbox"/> Resubmission in Response to Agency Letter Dated _____ <input checked="" type="checkbox"/> Notification – Explain Below				
<input type="checkbox"/> Final Printed Labels in Response to Agency Letter Dated _____ <input type="checkbox"/> "Me Too" Application <input type="checkbox"/> Other – Explain Below				
<b>Explanation:</b> Use additional page(s) if necessary. (For Section I and Section II.) Label Notification to Add Alternate Brand Name Pulse Premix 4L ST to Albaugh IPZ-3 (EPA Reg. No. 45002-46). This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.				
<b>Section - III</b>				
1. Material This Product Will be Packaged In:				
Child Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>*Certification Must be Submitted</b>	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes": Unit Packaging Weight:      Number per Container:	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes": Package Weight:      Number per Container:	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify):	
3. Location of Net Contents Information: <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container:		5. Location of Label Directions: <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Leaflet Accompanying Label	
6. Manner in Which Label is Affixed to Product:  <input type="checkbox"/> Lithographed <input checked="" type="checkbox"/> Paper Glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other: _____				
<b>Section - IV</b>				
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)				
Name Krystal Maldonado		Title Regulatory Specialist		Telephone Number (Include Area Code) 229-305-0082
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.				6. Date Application Received  <b>(Stamped)</b>
2. Signature  Krystal Maldonado		3. Title Regulatory Specialist		
4. Typed Name Krystal Maldonado		5. Date June 13, 2022		